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Bib Data Sheet

CONFIRMATION NO. 9199

|  |   |                               |   |  |
|--|---|-------------------------------|---|--|
| <b>SERIAL NUMBER</b><br>10/500,281   | <b>FILING OR 371(c) DATE</b><br>09/09/2004<br><b>RULE</b>   | <b>CLASS</b><br>604           | <b>GROUP ART UNIT</b><br>3762   | <b>ATTORNEY DOCKET NO.</b><br>642P003-US |
| <b>APPLICANTS</b><br>Sanford Reich, Providence, RI;<br>James E. Sluetz, N. Attleboro, MA;  |   |                               |   |  |
| <b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/US03/00094 01/02/2003<br>which claims benefit of 60/345,431 01/04/2002   |   |                               |   |  |
| <b>** FOREIGN APPLICATIONS *****</b><br><div style="text-align: center;"><b>** SMALL ENTITY **</b></div>   |   |                               |   |  |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged _____<br>Examiner's Signature _____ Initials _____ |   | <b>STATE OR COUNTRY</b><br>RI | <b>SHEETS DRAWING</b><br>4  | <b>TOTAL CLAIMS</b><br>21                |
|  |   |                               |   | <b>INDEPENDENT CLAIMS</b><br>3           |
| <b>ADDRESS</b><br>42754  |   |                               |   |  |
| <b>TITLE</b><br>Csf physiologic controller   |   |                               |   |  |
| <b>FILING FEE RECEIVED</b><br>439  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |